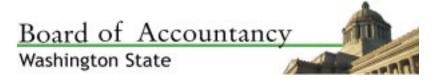
Authorization for Exchange of Professional Accounting Credential Information for International Reciprocity



P. O. Box 9131, Olympia, Washington 98507-9131 (360) 753-2586 - www.cpaboard.wa.gov

Section A is to be completed by the applicant (Please type or print legibly):

SECTION A: AUTHORIZATION

State accountancy boards require the information requested by this form in order to assess your reciprocity application. <u>Please complete only Section A of this form and forward the form to the entity that issued the professional accounting credential that supports your reciprocity request.</u>

Request that entity to complete the remainder of this form (Section B) and return it to the Washington State Board of Accountancy. (Check with the entity before forwarding this form to determine if you need to meet additional requirements or submit additional fees before such information will be released.)

Mr. Ms.					
Mrs.	Last Name	First Name	Mid	dle Name	Previous or Other Name
		Current M	Tailing Address		_
City		State	Zip Code	Country	Federal Identification Number in Country of
Telephone: Wh	ere you can be reached during	g normal business hours		Date of Birth	Foreign Credential (if available/applicable)
Chartered A	Accountant Qualifying	Examination data	ı:		
What jurisdiction (State or NASBA) administered the exam? Date of exam administration			Pass	sing score	
	and authorize the	ntion requested in this fo			example, provincial Institute of
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d.	Date this credential was first issued to applicant (or the applicant was admitted to membership in your organization, if no formal credential is awarded)
e.	Identification or index number, if any, your organization uses to identify applicant
f.	Date credential or certificate lapses or expires
2	Professional accounting experience obtained or required for foreign eradentials
۷.	Professional accounting experience obtained or required for foreign credential:
de	ease identify the type and amount (in years) of experience this applicant demonstrated in obtaining the professional credential scribed in SECTION B.1. (or, if your organization does not maintain detailed experience records, please identify the minimum perience your organization required at the time applicant obtained the right to use the credential).
3.	Standing:
a.	Please state whether the applicant is currently entitled to use the credential identified in SECTION B.1. in your jurisdiction. YES NO
b. 	If NO, please explain
4.	Investigation and discipline:
a.	Please state whether your organization has any disciplinary action or investigation pending with respect to this applicant.
	YES NO If so, please list allegations, findings to date, and discipline on a separate sheet. If your organization's rules do not permit such disclosure, please so state.
b.	Please list on a separate sheet all disciplinary actions your organization has taken with respect to the applicant during the last ten years. Please indicate specific allegations, your organization's findings with respect thereto, and any discipline imposed by your organization with respect to each allegation. If your organization's rules do not permit such disclosure, please so state.
c.	Is this individual's practice license restricted? If yes, please provide details on a separate sheet.
5.	Certification: I hereby certify to the following:
a.	I am duly authorized by this organization's governance to complete this document on the organization's behalf.
b.	The information provided herein and herewith is true and correct to the best of my knowledge.
c.	This organization extends reciprocal credentialing to U.S. CPAs in accordance with international treaties, agreements, or accords.
	Name of credentialing entity Official Signature Telephone
Sig	gning Official's Name (please print) Title Date

1. Credential description (continued):

Credentialing agency should return this form and any attachments to the Washington State Board of Accountancy, PO Box 9131, Olympia, WA 98507-9131.